



**Please note:**

"All submissions are subject to the District Manager's approval. Completing and submitting this form does not mean your plan has been approved. An approval or disapproval letter will be mailed from the local MSHA office."

District Manager  
Mine Safety and Health Administration  
P. O. Box 560  
Norton, Virginia 24273

Date: \_\_\_\_\_

Dear Sir:

In accordance with 30 CFR Section 71.403

Mine \_\_\_\_\_, I.D. No. \_\_\_\_\_,

Company \_\_\_\_\_,

Nearest P.O., County, State \_\_\_\_\_,

hereby applies for waiver, for a period of one year, on all requirements of 30 CFR Sections 71.400 through 71.402, 30 CFR 71.

To provide addresses for filing of comments and disseminating information (Reference: 30 CFR Sections 71.402 and 71.404, 30 CFR 71) related to this waiver application, a copy of this request has been posted and will remain so posted on this mine bulletin board for a period of 30 days from date of application. The addresses for filing of comments are as follows.

Regional Program Director  
NIOSH, DHEW, Region III  
401 North Broad Street  
Philadelphia, PA 19106

District Manager  
Mine Safety & Health Administration  
CMS&H, District 5  
P.O. Box 560  
Norton, VA 24273

In lieu of the facilities required by 30 CFR Section 71.400 through 71.402, 30 CFR 71, the employees of the aforementioned mine agree to use bathing facilities at (check one)  
\_\_\_\_\_ home: \_\_\_\_\_ a convenient location on other property as follows:

\_\_\_\_\_  
\_\_\_\_\_ because there is not an adequate water supply available at the mine.

A petition, signed by the employees, is shown below to support the statement of agreement. The mine has operated \_\_\_\_\_ days in the past two years and the remaining life of the mine is \_\_\_\_\_ (months/years).

This mine (is) (is not) operated by employees from one family.

Operator's Address:

Very truly yours,

cc: Regional Program Director, NIOSH  
Bulletin Board

[illegible]

**USE ADDITIONAL SHEETS AS NEEDED FOR SIGNATURES**